

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: FAMILY FAITH GROUP HOME II (310646)

Address: 2530 W VICTORY LN, MILWAUKEE, WI 53209

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096963 **End Date:** 04/14/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009154 Served 05/21/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)		
83.11(3)(a)	RESPONSIBILITIES		
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.31(2)	SERVICES		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.43(4)(a)	LOCATION OF DETECTORS		
83.43(6)(a)	EQUIPMENT IMPAIRED HEARING OR VISION		

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Provider Inspection Summary

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Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Survey ID: 0095875 End Date: 11/04/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008857 Served 11/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)		
83.11(3)(a)	RESPONSIBILITIES		
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS		
83.19(3)(c)	INVESTIGATE ALLEGATION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.43(6)(a)	EQUIPMENT IMPAIRED HEARING OR VISION		

Survey ID: 0095268 End Date: 07/08/2005 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

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Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Survey ID: 0095132 End Date: 06/20/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008814 Served 06/30/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	04/14/2006	Yes
83.15(1)(c)1	ADEQUATE STAFFING	11/04/2005	Yes
83.21(4)(o)	MEDICATIONS	11/04/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	11/04/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	11/04/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	11/04/2005	Yes
83.33(3)(e)2.b	INJECTIONS	11/04/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/04/2005	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	11/04/2005	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	11/04/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	11/04/2005	Yes
83.43(4)(a)	LOCATION OF DETECTORS	11/04/2005	Yes
83.51(3)(a)	SMOKE SEPARATION	11/04/2005	Yes

Survey ID: 0094344 End Date: 03/25/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009080 Served 04/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	07/06/2005	Yes

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Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Enforcement History

Date: 05/19/2006 SOD #10009154 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
FORFEITURE---13.05(3)(a) and 83.19(3)(c)
FORFEITURE---83.05(2)(b) SOD#10009154
FORFEITURE---83.17(3)(a)
FORFEITURE---83.31(2)
FORFEITURE---83.32(3)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.43(4)(a)
FORFEITURE---83.43(6)(a)

Date: 11/10/2005 SOD #10008857 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---13.05(3)(a); 83.19(3)(c)
FORFEITURE---83.05(2)(b)
FORFEITURE---83.19(1)
FORFEITURE---83.21(4)(p)

Date: 06/27/2005 SOD #10008814 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(o)
FORFEITURE---83.33(3)(e)2.b
FORFEITURE---83.41(5)(d)2

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date: 04/01/2005 **SOD #**10009080 **Appealed:** Yes **Decision:** STIPULATION

Sanctions

COMPLY WITH REQUIREMENT

NO NEW ADMISSIONS

FORFEITURE---accrued amt as of 6/21/05

FORFEITURE---final total of accruing is \$660

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Provider Inspection Summary

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Community Based Residential Facility
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Complaint History

Date Complaint Received: 05/22/2006

Date Investigation Completed: 04/14/2006

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
10009154

Date Complaint Received: 07/26/2005

Date Investigation Completed: 11/04/2005

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
10008857

Date Complaint Received: 07/22/2005

Date Investigation Completed: 11/03/2005

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
10008857

Date Complaint Received: 07/14/2005

Date Investigation Completed: 11/04/2005

Subject Area(s)
ABUSE

Result
SUBSTANTIATED

SOD #
10008857

Date Complaint Received: 08/31/2004

Date Investigation Completed: 04/20/2005

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED

SOD #
10008814

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